

DMV Lane Technician Observation Report

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|--|------------------------------|---|--|
| DMV Technician: <i>Ruf E. Henry</i> | | Position: <u>1 or 2</u> | |
| Station: <i>New Castle</i> | Date: <i>6-19-13</i> | Time: <i>12:45</i> | |
| Vehicle Make: <i>Honda</i> | Model: <i>Accord</i> | Year: <i>2006</i> | |
| GVWR: | Fuel Type: <i>GAS</i> | Registration Number: <i>906181</i> | |
| Auditor: <i>Conn Drake</i> | | Covert / <u>Over</u>t (circle one) | |

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | <input checked="" type="checkbox"/> | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Two-Speed Idle testing performed? | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |